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| | APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NO./TITLE | |
|----------------------------|---|---|--|---|--|
| | 09/375,169 | 08/16/99 AIT | A | C | 91604-403 |
| , | . EDWARD J LY | | 0242/0903 | NOT AS | SIGNED |
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| | PALO ALTO C | A 94301-1900 | DATE MAIL | 1.775 ED: | 09/03/99 |
| | na i j | | G PARTS OF APPLICATION ate Granted | l · | |
| void about 7 CFR 1 or a sm | andonment. Extensions o 1:136(a). If any of items 1 all entity in compliance IOTICE to avoid abandor | f time may be obtained by filin or 3 through 5 are indicated a with 37 CFR 1.27, or ☐ \$130 nment. | thin which to file all required items of a petition accompanied by the exist missing, the SURCHARGE set for a non-small entity, must a | tension fee under orth in 37 CFR 1. also be timely su | the provisions of 16(e) of □ \$65.00 ibmitted in reply |
|] smali | entity (statement filed) | ☑ non-small entity is \$_∠ | d set above, the total amount o | wed by applicar | nt as a |
| | he statutory basic filing for missing. I insufficient. I insufficient submit \$ | 760.00 to com | plete the basic filing fee and/or fil | le a small entity s | tatement |
| 2. TI | laiming such status (37 C he following additional cl | aims fees are due: | 00 | | |
| | \$ 180.00 for \$ 234.60 for | total claims of independent of | | | - . |
| · · | \$for mu Applicapt must either sub | ultiple dependent claim surch omit the additional claim fees | arge. or cancel additional claims for wh | nich fees are due | |
| | The bath or declaration: is missing or unsigned | L | | | |
| . 44 | A-mliantian Alue | compliance with 37 CFR 1. 65 | 3, including residence information red. person other than inventor or pers | • | • |
| . 1 | 12 Az 1 17 | declaration in compliance wit | th 37 CFR 1.63, identifying the ap | | |
|] 5. Th | ne signature of the follow | ing joint inventor(s) is missing | g from the oath or declaration: | | |
| i | nventor(s) identifyina this | s application by the above Ap | B listing the names of all inventors oplication Number and Filing Date | , is required. | |
| 6. A | \$50.00 processing fee our filing receipt was mai | is required since your checkled in error because your che | ck was returned without paymeneck was returned without paymen | nt (37 CFR 1.21) t. | |
| P | Applicant must file a verifi previously submitted, and | ied Fnalish translation of the | application, the \$130.00 set forth tion is accurate (37 CFR 1.52(d)) | | |
| J 9. U | THER: | es about this notice to "Attent | tion: Box Missing Parts." | | |

A copy of this notice MUST be returned with the reply.

□ 4.